1800 SHERMAN AVENUE 54481 Ownershi p: Corporati on STEVENS POINT Phone: (715) 344-1800 Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Operate in Conjunction with Hospital? Yes No Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 168 Yes Total Licensed Bed Capacity (12/31/01): 174 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 113 Average Daily Census: 113 *********************** ***********************

County: Portage

RIVER PINES CENTER

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	27. 4
Supp. Home Care-Personal Care	No					1 - 4 Years	41. 6
Supp. Home Care-Household Services	No	Developmental Disabilities	4. 4	Under 65	7. 1	More Than 4 Years	31. 0
Day Services	Yes	Mental Illness (Org./Psy)	35. 4	65 - 74	8. 0		
Respite Care	Yes	Mental Illness (Other)	1.8	75 - 84	26. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44. 2	**********	*****
Adult Day Health Care	Yes	Para-, Quadra-, Hemi plegi c	0. 9	95 & 0ver	14. 2	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	3. 5	<u> </u>		Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	3. 5		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	20. 4	65 & 0ver	92. 9		
Transportation	No	Cerebrovascul ar	7. 1			RNs	14. 1
Referral Service	Yes	Di abetes	14. 2	Sex	% i	LPNs	3. 5
Other Services	No	Respi ratory	3. 5	i	i	Nursing Assistants,	
Provi de Day Programming for	i	Other Medical Conditions	5. 3	Male	23. 9	Aides, & Orderlies	47. 0
Mentally Ill	No			Femal e	76. 1		
Provi de Day Programming for	i		100. 0				
Developmentally Disabled	No			, , , , , , , , , , , , , , , , , , , ,	100.0	. * * * * * * * * * * * * * * * * * * *	· • • • • • • • • • • •

Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	:		Family Care]	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	20	100. 0	248	70	97. 2	98	0	0.0	0	14	100.0	140	5	100.0	98	2	100.0	195	111	98. 2
Intermedi ate				2	2.8	82	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	20	100.0		72	100.0		0	0.0		14	100.0		5	100.0		2	100.0		113	100. 0

County: Portage RIVER PINES CENTER

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Admissions, Discharges, and		Percent Distribution	of $Residents'$	Condi t	ions, Services	s, and Activities as of $12/$	31/01
Deaths During Reporting Period	ļ						
					% Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	<i>J</i>	Number of
Private Home/No Home Health	26 . 3	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	0.0	Bathi ng	10. 6		58. 4	31. 0	113
Other Nursing Homes	1. 7	Dressi ng	15. 9		55. 8	28. 3	113
Acute Care Hospitals	71. 1	Transferring	31. 0		52. 2	16. 8	113
Psych. HospMR/DD Facilities	0.0	Toilet Use	27. 4		47. 8	24. 8	113
Rehabilitation Hospitals	0.0	Eating	67. 3		21. 2	11. 5	113
Other Locations	0.9	**************	******	*****	*****	*********	*****
Total Number of Admissions	232	Continence		%	Special Trea	itments	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	5. 3		Respiratory Care	30. 1
Private Home/No Home Health	32.6	Occ/Freq. Incontinent	of Bladder	53. 1	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	14. 7	Occ/Freq. Incontinent	of Bowel	40. 7	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	3. 1	_			Recei vi ng	Ostomy Care	5. 3
Acute Care Hospitals	30.6	Mobility			Recei vi ng	Tube Feeding	2. 7
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	10.6	Recei vi ng	Mechanically Altered Diets	43. 4
Rehabilitation Hospitals	0.0					·	
Other Locations	4. 3	Skin Care			Other Reside	ent Characteristics	
Deaths	14. 7	With Pressure Sores		7. 1	Have Advar	nce Directives	100. 0
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	258	ĺ			Recei vi ng	Psychoactive Drugs	40. 7

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility	Pro	ershi p: pri etary Group	100	Si ze: - 199 Group	Ski	ensure: lled Group	Al l Faci l	ities
	%	%	Rati o	%	Rati o	%	Ratio	%	Rati o
Occupancy Rate: Average Daily Census/Licensed Beds	64. 9	82. 5	0. 79	84. 1	0. 77	85. 8	0. 76	84. 6	0. 77
Current Residents from In-County	81. 4	74. 3	1. 10	79. 3	1.03	69. 4	1. 17	77. 0	1.06
Admissions from In-County, Still Residing	11. 2	19.8	0. 57	25. 5	0. 44	23. 1	0.48	20. 8	0. 54
Admissions/Average Daily Census	205. 3	148. 2	1. 39	110. 2	1.86	105. 6	1. 94	128. 9	1. 59
Discharges/Average Daily Census	228. 3	146.6	1. 56	110. 6	2. 06	105. 9	2. 16	130. 0	1. 76
Discharges To Private Residence/Average Daily Census	108. 0	58 . 2	1. 85	41. 2	2. 62	38. 5	2.80	52. 8	2.05
Residents Receiving Skilled Care	98. 2	92.6	1.06	93. 8	1.05	89. 9	1. 09	85 . 3	1. 15
Residents Aged 65 and Older	92. 9	95. 1	0. 98	94. 1	0. 99	93. 3	1.00	87. 5	1.06
Title 19 (Medicaid) Funded Residents	63. 7	66. 0	0. 96	66. 9	0. 95	69. 9	0. 91	68. 7	0. 93
Private Pay Funded Residents	12. 4	22. 2	0. 56	23. 1	0. 54	22. 2	0. 56	22. 0	0. 56
Developmentally Disabled Residents	4. 4	0.8	5.89	0. 6	6. 86	0.8	5. 90	7. 6	0. 58
Mentally Ill Residents	37. 2	31.4	1. 18	38. 7	0. 96	38. 5	0. 97	33. 8	1. 10
General Medical Service Residents	5. 3	23.8	0. 22	21.8	0. 24	21. 2	0. 25	19. 4	0. 27
Impaired ADL (Mean)	46. 2	46. 9	0. 99	48. 4	0. 96	46. 4	1.00	49. 3	0. 94
Psychological Problems	40. 7	47. 2	0.86	51. 9	0. 78	52. 6	0.77	51. 9	0. 78
Nursing Care Required (Mean)	11. 1	6. 7	1. 66	7. 5	1. 48	7.4	1. 49	7. 3	1. 51